

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

| Establishme 2589 Owner Vish Owner's Ac | Part Address  Charlest  Part  Charlest  Part  Part  Person's  Lift  Dod Manage | E-mai | Jahon costs   | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | c C                   | P Release / O of Violation NC_C pe (See back | Q <sub>R</sub> Q |
|--|--|-------|---|--|-----------------------|--|------------------|
|  |  |       | C I   | S MARKED "C"   | L                     | :  | <del></del>      |
| • VIOLATIO                             | N(S) REPE  | ATED  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "  | SUMMARY OF VIOLATIONS"   | AND IN THE N          | ARRATIVE                                     | BELOW AS "R"     |
| Section#                               | C/NC   | R     | Narrative   |  |                       | To Be Co                                     | orrected By      |
|  |  |       | No violations. All corresponds of the packet and \$100 du  FCHD will neturn for as build-out is finalized |  | oecting               |  |                  |
|  |  |       |   |  |                       |  | ·                |
|  |  |       |   |  |                       |  |                  |
| Received by                            |  |       | printed):   | Inspected by (name and title A.).  | e printed):<br>Lagram | (EH4)  | ·                |
| Received by (signature):  cc:  cc:     |  |       |   | Inspected by (signature):  |                       |  |                  |